

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT											
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)			D. Amendment No.
								(1) Initial	(2) Resubmission		
								(3) Correction	(4) Cancellation		
Section A - TRAINEE / APPLICANT INFORMATION											
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title					
				(1) Commercial (2) Autovon							
11. Organization Name				13. Organization UIC		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)			10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)		
12. Organization Mailing Address (Include ZIP)						16. Are you handicapped or disabled? (X one) Yes No					
				Section B - TRAINING COURSE DATA							
17. Course Title						19. Recommended Training Source, School or Facility a. Name b. Mailing address (Include ZIP)					
18. Training Objectives (Benefits to be derived by the Government)											
20. Course Codes						c. Location of training site (If other than 19b)					
a. Purpose		f. Security Clearance		k. Training Program							
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN			
c. Source		h. Priority		23. Training Period (YYMMDD) a. Start b. Complete		a. Duty b. Non-duty c. TOTAL					
d. Special Interest		i. Training Level		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)					
e. Training Vendor		j. Method of Training									
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →											
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				30. Total of Direct & Indirect Costs			
31. Job Order No.				27. Accounting Classification							
Section D - APPROVAL / CONCURRENCE / CERTIFICATION											
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date					
34. Authorizing Official a. Action (X one) → (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted					
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date					
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number					
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.											

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

C. Request Status or Process Code (X one)

(1) Initial	(2) Resubmission
(3) Correction	(4) Cancellation

1. Name (Last, First, Middle Initial)

3. Social Security Number

11. Organization Name

9. Position Level (X one)

a. Executive (K)
b. Manager (K)
c. Supervisory (G)
d. Non-Supervisory (C)
e. Other (Specify)

10. Pay Plan / Series / Grade / Step
(Rank / MOS / AFSC /or Navy Designator)

17. Course Title

19. Recommended Training Source, School or Facility

a. Name

d. Salary

e. Pay Basis

f. Sex

g. Career Program

h. Minority Group

i. Employing UIC

20. Course Codes

a. Purpose	f. Security Clearance	k. Training Program
b. Type	g. Allocation Status	l. Reason for Selection
c. Source	h. Priority	23. Training Period (YYMMDD)
d. Special Interest	i. Training Level	a. Start
e. Training Vendor	j. Method of Training	b. Complete

21. Course hours (4 digits)

a. Duty

b. Non-duty

c. TOTAL

22. Course Identifiers

a. SAID

b. Catalog / Course No.

c. Offering / TLN

25. Direct Costs

a. Tuition cost
b. Books, material, other costs
c. Total direct costs
d. Funding source

26. Indirect Costs (For information only)

a. Travel cost
b. Per diem/other costs
c. Total indirect costs

36. Course Completion (To be completed by school official)

b. Actual Completion
Date (YYMMDD)

c. Grade

IF BLANK
PUNCH
22b.

Card No. 1

Card No. 2

Card No. 3

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT										
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)			C. Request Status or Process Code (X one)		D. Amendment No.		
						(1) Initial (2) Resubmission				
						(3) Correction (4) Cancellation				
Section A - TRAINEE / APPLICANT INFORMATION										
1. Name (Last, First, Middle Initial)			2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title					
			(1) Commercial (2) Autovon							
11. Organization Name			13. Organization UIC		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)			
12. Organization Mailing Address (Include ZIP)					16. Are you handicapped or disabled? (X one) Yes No					
Section B - TRAINING COURSE DATA										
17. Course Title					19. Recommended Training Source, School or Facility a. Name b. Mailing address (Include ZIP)					
18. Training Objectives (Benefits to be derived by the Government)										
20. Course Codes					c. Location of training site (If other than 19b)					
a. Purpose		f. Security Clearance		k. Training Program						
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN		
c. Source		h. Priority		23. Training Period (YYMMDD) a. Start b. Complete		a. Duty b. Non-duty c. TOTAL				
d. Special Interest		i. Training Level								
e. Training Vendor		j. Method of Training								
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)										
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →										
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source			26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs			27. Accounting Classification				
31. Job Order No.			28. Labor Costs							
						29. Signature of Fiscal Officer (Follow local procedure)				
						30. Total of Direct & Indirect Costs				
Section D - APPROVAL / CONCURRENCE / CERTIFICATION										
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date					33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date					
34. Authorizing Official a. Action (X one) → (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date					35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted					
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)					36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date					
					38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number					

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home		8. Position Title							
				b. Office									
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days			
												16. Are you handicapped or disabled? (X one) Yes No	
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes a. Purpose f. Security Clearance k. Training Program b. Type g. Allocation Status l. Reason for Selection c. Source h. Priority 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start e. Training Vendor j. Method of Training b. Complete						c. Location of training site (If other than 19b)							
						21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →													
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification					
31. Job Order No.				28. Labor Costs									
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date							
34. Authorizing Official a. Action (X one) → (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date							
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number							
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.													

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home		8. Position Title							
				b. Office									
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		14. Type of Appointment c. Supervisory		15. No. prior non-government training days		16. Are you handicapped or disabled? (X one) Yes No			
												d. Non-Supervisory	
e. Other (Specify)													
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes a. Purpose f. Security Clearance k. Training Program b. Type g. Allocation Status l. Reason for Selection c. Source h. Priority 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start e. Training Vendor j. Method of Training b. Complete						c. Location of training site (If other than 19b)							
						21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →													
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification					
31. Job Order No.				28. Labor Costs									
29. Signature of Fiscal Officer (Follow local procedure)								30. Total of Direct & Indirect Costs					
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date							
34. Authorizing Official a. Action (X one) (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date							
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number							
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.													

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home		8. Position Title							
				b. Office									
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days			
												16. Are you handicapped or disabled? (X one) Yes No	
d. Non-Supervisory		e. Other (Specify)											
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes a. Purpose f. Security Clearance k. Training Program b. Type g. Allocation Status l. Reason for Selection c. Source h. Priority 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start e. Training Vendor j. Method of Training b. Complete						c. Location of training site (If other than 19b)							
						21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →													
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification					
31. Job Order No.				28. Labor Costs									
29. Signature of Fiscal Officer (Follow local procedure)								30. Total of Direct & Indirect Costs					
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date							
34. Authorizing Official a. Action (X one) (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date							
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number							

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home		8. Position Title							
				b. Office									
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days			
												16. Are you handicapped or disabled? (X one) Yes No	
d. Non-Supervisory		e. Other (Specify)											
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes a. Purpose f. Security Clearance k. Training Program b. Type g. Allocation Status l. Reason for Selection c. Source h. Priority 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start e. Training Vendor j. Method of Training b. Complete						c. Location of training site (If other than 19b)							
						21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →													
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification					
31. Job Order No.				28. Labor Costs									
29. Signature of Fiscal Officer (Follow local procedure)								30. Total of Direct & Indirect Costs					
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date							
34. Authorizing Official a. Action (X one) (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date							
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number							

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT										
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)			C. Request Status or Process Code (X one)		D. Amendment No.		
						(1) Initial (2) Resubmission				
						(3) Correction (4) Cancellation				
Section A - TRAINEE / APPLICANT INFORMATION										
1. Name (Last, First, Middle Initial)			2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (Include area code)		8. Position Title					
			a. Home b. Office							
11. Organization Name			(1) Commercial (2) Autovon		9. Position Level (X one)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)			
			a. Executive b. Manager							
12. Organization Mailing Address (Include ZIP)			13. Organization UIC		c. Supervisory d. Non-Supervisory e. Other (Specify)		14. Type of Appointment		15. No. prior non-government training days	
			16. Are you handicapped or disabled? (X one)							
			Yes No							
Section B - TRAINING COURSE DATA										
17. Course Title										
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility				
						a. Name b. Mailing address (Include ZIP)				
20. Course Codes						c. Location of training site (If other than 19b)				
a. Purpose		f. Security Clearance		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers		
b. Type		g. Allocation Status		l. Reason for Selection						
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID		
d. Special Interest		i. Training Level								a. Start
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering / TLN		
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)										
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →										
25. Direct Costs			26. Indirect Costs (For information only)			27. Accounting Classification				
a. Tuition cost		a. Travel cost		b. Per diem/other costs						
b. Books, material, other costs		b. Per diem/other costs		c. Total indirect costs		29. Signature of Fiscal Officer (Follow local procedure)				
c. Total direct costs		c. Total indirect costs		28. Labor Costs						
d. Funding source		28. Labor Costs		30. Total of Direct & Indirect Costs		31. Job Order No.				
31. Job Order No.		31. Job Order No.		31. Job Order No.						
Section D - APPROVAL / CONCURRENCE / CERTIFICATION										
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. Training Officer: I certify this training meets regulatory requirements.					
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		
c. Signature & Title			d. Date		c. Signature & Title			d. Date		
34. Authorizing Official					35. Course Acceptance (To be completed by school official)					
a. Action (X one) →		(1) Approved		(2) Disapproved		a. Accepted c. School Official Signature		d. Date		
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)		b. Not Accepted						
d. Signature & Title			e. Date		36. Course Completion (To be completed by school official)					
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)					a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →		b. Actual Completion Date (YYMMDD)		c. Grade	
					d. Signature & Title		e. Date			
38. Certifying Government Official										
a. I certify that this account is correct and proper for payment in the amount of: \$										
b. Signature						c. Date Signed				
d. DSSN Number			e. Check Number			f. Voucher Number				
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.										

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office			8. Position Title						
				(1) Commercial (2) Autovon									
11. Organization Name				(1) Commercial (2) Autovon			9. Position Level (X one)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)				
							a. Executive b. Manager						
12. Organization Mailing Address (Include ZIP)				13. Organization UIC			c. Supervisory		14. Type of Appointment		15. No. prior non-government training days		
							d. Non-Supervisory						
16. Are you handicapped or disabled? (X one)				Yes		e. Other (Specify)							
				No									
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility							
						a. Name b. Mailing address (Include ZIP)							
20. Course Codes						c. Location of training site (If other than 19b)							
a. Purpose		f. Security Clearance		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers					
b. Type		g. Allocation Status		l. Reason for Selection									
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID					
d. Special Interest		i. Training Level				a. Start		b. Non-duty				b. Catalog / Course No.	
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering / TLN					
Section H - EVALUATION													
Part I (To be completed by trainee)													
48. Was course completed? (x one)				49. Actual course dates a. Commenced (YYMMDD) b. Completed (YYMMDD)				50. Actual course hours a. Duty b. Non-duty		51. Academic grade/score			
b. No (Return this form with a memo explaining circumstances)													
52. Were all sessions attended? (x one)													
a. Yes													
b. No (Explain)													
AREAS OF EVALUATION										RATING			
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.													
										A	B	C	
53. Stated objective accomplished													
54. Coverage of subject matter													
55. Organization of subject matter													
56. Suitability of instructional materials													
57. Level of difficulty													
58. Length of course													
59. Amount of outside or evening work													
60. Effectiveness of instructors													
61. Applicability of subject matter to the job													
62. Facilities													
63. Recommendation to colleagues													
64. Meet career development plans													

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home		8. Position Title							
				b. Office									
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		14. Type of Appointment c. Supervisory		15. No. prior non-government training days		16. Are you handicapped or disabled? (X one) Yes No			
e. Other (Specify)													
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes a. Purpose f. Security Clearance k. Training Program b. Type g. Allocation Status l. Reason for Selection c. Source h. Priority 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start e. Training Vendor j. Method of Training b. Complete						c. Location of training site (If other than 19b)							
						21. Course hours (4 digits)		22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box →													
25. Direct Costs a. Tuition cost b. Books, material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification					
31. Job Order No.				28. Labor Costs									
29. Signature of Fiscal Officer (Follow local procedure)								30. Total of Direct & Indirect Costs					
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date						33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date							
34. Authorizing Official a. Action (X one) (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted c. School Official Signature d. Date b. Not Accepted							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date							
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number							

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.